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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 09/627448		
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR		R THAN ENTITY
FOR		NUME	NUMBER FILED		ER EXTRA	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))							\$	OR		\$
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20	= .		× \$ =		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		MS .	minus 3 =			× \$=		OR	× \$ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$ =		OR	+\$ =	
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	
	Cl	_AIMS AS AM	IENDED	– PART II				-		
		(Column 1)	· •	(Column 2)	(Column 3)	SMALL E	ENTITY	OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$=		OR	× \$=	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	× \$=		OR	× \$=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+ \$=	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			_		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$=		OR	× \$=	
	Independent (37 CFR 1.16(b))	•	Minus	***	=	x \$=		OR	× \$=	
8	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ =		OR	+ \$ =	
			-			TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	27	Minus	<i>27</i>	=	x \$=		OR	× \$ =	
	Independent (37 CFR 1.16(b))	<u>6</u>	Minus	··· 6	=	× \$=		OR	x \$=	
8	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+ \$=	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
•	If the entry in co If the "Highest N If the "Highest N The "Highest Nu	Number Previous! Iumber Previous!	y Paid For" y Paid For"	IN THIS SPACE IN THIS SPACE	is less than 20, e is less than 3, er	enter "20".	the appropria	te box in c	olumn 1.	